

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027812

STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4174 Registrar's No. 21

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10356

20356

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		c. CITY OR TOWN Malden	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 Line Street		d. STREET ADDRESS 108 Line Street	
Length of stay in 1b 7 months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EFFIE C. MOORE			4. DATE OF DEATH Month Day Year JULY 13 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1908	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) Senath, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Thomas Miles Moore		13b. MOTHER'S MAIDEN NAME Mary Jane McElyea		14. NAME OF HUSBAND OR WIFE Paris D. Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Paris D. Moore, 108 Line St., Malden, Mo.			Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Coronary Artery Embolus		INTERVAL BETWEEN ONSET AND DEATH 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		1 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic heart disease.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	

21. I attended the deceased from 1-15-63 to 7-13-63 and last saw him alive on 6-26-63		Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dorothy Cloon		22b. ADDRESS Malden Mo.	
22c. DATE SIGNED 7-15-63			

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 15, 1963		23c. NAME OF CEMETERY OR CREMATORY Kreighauser Mortuary	
23d. LOCATION (City, town, or county) Kingshighway & Chippawa		23e. DATE RECD. BY LOCAL REG. July 16, 1963		23f. REGISTRAR'S SIGNATURE J. D. Kreamer	
24. FUNERAL DIRECTOR Landess Funeral Home, Malden, Mo.		25. DATE RECD. BY LOCAL REG. July 16, 1963			

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1964
JUL 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard S. Beale

Licensed Embalmer No. 5116

P. O. Address Malden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.